Approved for use through 06/30/2010. OMB 0651-0032

Under the aperwork Reduction	on Act of 199	5 no persons are requ	ired to re	U.S. Patent spond to a collection	and Tra	demark Office; U.S. DEF mation unless it displays	PARTMENT OF COMMERCE a valid OMB control number	
Effective on 12/08/2004.				Complete if Known				
FEE TRANSMITTAL For FY 2008				Application Number 10/6		10/677,842	)/677,842	
				Filing Date 10-0		0-02-2003		
				First Named Inventor Ro		Robert E. Robotham		
Applicant delices and partity status. See 27 CER 1.27				Examiner Name	me Faroul, Farah			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 26		616		
TOTAL AMOUNT OF PAY	MENT (\$	) 930.00		Attorney Docket	No.	1400.1375460		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 50-1566 Deposit Account Name: Ross D. Snyder & Assoc.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING		SEAR	CH FEES	EXA	MINATION FEES		
<b>Application Type</b>	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)	
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	(	0		
2. EXCESS CLAIM FEES  Fee Description  Small Entity Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						50 210	25 105	
Multiple dependent claims						370	185	
Total Claims						Multiple Der	pendent Claims	
- 20 or HP = HP = highest number of total	claims naid f	xx	. =			<u>Fee (\$)</u>	Fee Paid (\$)	
Indep. Claims			Fee	Paid (\$)		***************************************		
- 3 or HP =	endent claim	XX	=					
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing		•	•	•	ension F	ee	\$810.00	
SUBMITTED BY								
	×	- //	7	Pegistration No.				

SUBMITTED BY

Signature

Registration No. (Attorney/Agent)

Registration No. (Attorney/Agent)

Date 01-28-2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.